



Vendor Registration Request

Vendor Information

Date of Application: _____

Business Owner's Name: _____

Business/Organization Name: _____

Business Address: _____

City: _____

State: _____

ZIP Code: _____

Business Phone #: _____

Business Fax #: _____

E-mail Address: _____

EIN/Social Security #: _____

Type of industry, business: _____

*Company's License #: _____

*Is your company and its employees fully insured?

YES ___ No ___

*Is your company and its employees Bonded?

YES ___ No ___

Insurance Carrier's Name, Address & Phone#: _____

Insurance Policy Number: _____

Services

Please provide a brief explanation of the products or services that your company can supply:

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to being placed on Hands to Help Seniors, Inc. Vendor's List, I understand that false or misleading information in my application or interview will result in my release. I also understand that by filling out this information, it does not automatically mean my company will be placed on the Hands to Help Seniors, Inc. Approved Vendor Listing.

Print name of Authorized Signatory: _____

Signature of Authorized Signatory: _____

Date: _____